

DTaP/IPV/Hib Vaccine Order Form

STATE OF CONNECTICUT

Department of Public Health
410 Capitol Avenue, MS# 11MUN
Hartford, CT 06134-0308

PH:(860) 509-7929 FAX: (860) 509-8371

Please **retain a copy** for your records.

Please report only *state-supplied* vaccines.

Please Print Below				Provider ID Number (PIN):								
Name of Facility:				Address				City			Zip Code	
Date of Order				Completed by (Please Print)				Phone				
ORDER (Please order in <u>DOSES</u> only)												
Vaccine Type		# of Doses per Box		# of Doses Ordered (in multiples of 5)		# of Doses on Hand		Expiration Date(s)		Comments		
DTaP/IPV/Hib (Pentacel)		5 X 1 (Box)										
VACCINE	DOSE #	(D) DOSES ADMINISTERED, <u>BY AGE</u>, FOR THE MONTH OF: _____ (Please use only <u><i>whole/real numbers</i></u> to report usage)										
		<12 months	12-23 months	24-35 months	3-4 years							TOTAL
DTaP/IPV/Hib	1											
	2											
	3											
	4											